

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/17/99</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>75</i>	<i>6/21/99</i>
FORMALITY REVIEW		<i>70181</i>	<i>6/23/99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
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48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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